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DR. C. J. B. WILLIAMS ON CONSTIPATION.

We now pass on to the consideration of that form of *constipation* which corresponds with indigestion. This affection is principally seated in the colon, and may be regarded as opposed to diarrhœa; it may consist in defective secretion of the canal, or defective muscular action, or both combined; and each of these, defective secretion and defective muscular action, may depend on different pathological causes. Generally speaking, defective secretion and defective muscular action go together, just as excessive secretion and excessive muscular action of the canal constitute diarrhœa. They produce torpor of the bowels, and extreme irregularity in their action.

Now, among the *causes* to which we may trace this imperfect action, we find, in the first place, the character of the food to be the main source of costiveness. For example, food of a certain nature will produce fæculent matter, but does not, by its presence, excite the biliary secretion, or the peristaltic action of the bowels. This is the character of all farinaceous food generally; more particularly of those kinds which abound in starch, as arrow-root, gluten, and rice. Rice and arrow-root we find are constipating, not from any astringent property they possess, but merely negatively so, from the want of any stimulating property. Fæculent matter, formed in large quantity, tends to lessen, rather than increase, the peristaltic action; and the bowels are liable to become costive from the mechanical obstruction offered to the passage of the food. Further, the food may be astringent, by having the effect of arresting the secretions of the canal, or else by its acrid and irritating quality, causing spasmodic contractions, as is sometimes the case in colic. Some liquids, such as vinegar in any considerable quantity, very often produce costiveness of the bowels, at the same time that they greatly irritate the passages.

Secondly, we may trace constipation to torpor or imperfect action of the intestinal muscles; and, perhaps, not only of the muscles, but also of the secretory power of the intestines; for the intestinal canal is not only a moving organ, but also a secretory organ. This is illustrated after the operation of a strong purgative; the bowels generally become torpid, and inasmuch as the intestines become exhausted, and the secretions otherwise have been excited too freely, they seem to secrete less freely afterwards. But, sometimes, it is a sign of general weakness of the intestinal muscles, a part of the general weakness of the system; and, accordingly, in anæmia, you find torpor of the bowels taking place. The same thing is observed in any state of great weakness, after fevers and illnesses, and after extreme fatigue of the body. Paralysis, and particularly paraplegia, are causes of this. Some other causes act in a similar way. Enervating heat, exhausting the body, greatly reduces the powers of the intestines. Continued cold has a similar effect. Moderate cold, however, increases the tonic action of the intestines, to a high degree. In other conditions—the state of atonic plethora, for example—a costive state of the bowels is frequently present. The excretions are often defective from irritability of the muscles of the intestines.

Thirdly, this morbid condition may arise more directly from deficient secretion, rather than defective peristaltic action, which latter may go on, even if the secretion be imperfect; a scanty evacuation is the result. This is to be met with in connection with defective secretion of the liver, more particularly; arising from different diseases of that organ interrupting its secretion, or from obstruction of the ducts passing out of it. Diseased states, likewise, of the intestine, such as congestion of its coats, connected with derangement of the liver, are often attended with this sort of defective secretion. Inflammation may be considered as, in some degree, interfering with the powers of secretion of the liver, and the intestines. Enteritis is one of the instances in which the secretion appears to be greatly interrupted. There is, here, not merely spasmodic contraction, but the secretion is interfered with. So, with regard to gastritis, where there is much irritation, it frequently happens that the lower part of the canal is defective in excitability and in secretion. Defective secretion and imperfect contractility are frequently combined together.

Now, from this you may understand, that constipation may be either symptomatic of various diseases, or it may be idiopathic—itself the chief cause of disease. The frequency of the occurrence of symptomatic constipation is one great reason why purgatives are so often useful in the treatment of diseases of almost every kind; for, in a majority of cases, there is symptomatic costiveness, and a tendency to great constipation of the bowels. It thus becomes an indication to use purgatives; not merely to remove this state, but, likewise, because the accumulation of the fæces becomes a source of still further mischief, aggravating greatly the organic disease, and adding to the local and general symptoms. In febrile diseases, there is apt to be a re-action, and it often happens that the evacuation of the loaded bowels very much mitigates this effect. Idiopathic constipation, where it exists without any other permanent disorder, is not uncommon, and, in a great number of cases, it, perhaps, consists in an insufficient action of the lower intestines, or of the colon. Sometimes, in costiveness, there is distention of the bowels, especially of the colon, by flatus, causing a feeling of fulness and tightness in the abdomen. There is often, too, considerable tympanitic distention, where wind is secreted in large quantities. Accordingly, the sounds arising from the motion of wind in the intestines are commonly heard in persons of a constipated habit. There are shifting or aching pains felt in various parts of the abdomen, usually, perhaps, in the right iliac, or hypochondriac, region, about the right, and ſometimes the left, hip, and in the loins; alſo, uneaſy feelings, ſuch as, reſtleſsneſs, and inability to be quiet, without being able to explain exactly why. In children, ſymptoms of chorea ſometimes ariſe from a coſtive ſtate of the bowels; and, in adults, there are cramps of the legs, which are very common ſigns connected with imperfect action of the bowels. Other ſymptoms ariſe in the general ſyſtem; headache is a very common ſign, and there is, in general, languor and depreſsion of ſpirits. Theſe different ſymptoms ariſe, partly from the direct irritation of the accumulated fæces on the nerves, and partly from the noxious influence of the retained and abſorbed excrement, for matters, long retained in the alimentary canal, are partly abſorbed again into the ſyſtem. The fæces are in a compact and dry ſtate, if the bowels are not regularly evacuated, which ſhows that the moiſter parts are abſorbed away; and thoſe perſons who have habitual coſtiveneſs of the bowels, generally have unpleaſant ſmells about them, and the countenance is more ſallow than uſual; the tongue is uſually more or leſs loaded, and the breath is very fœtid; the fæces, too, are darker than uſual, and they preſent a moulded form from the cells of the colon, or the different portions of the inteſtines, in which they have been retained. The accumulation of fæces in the abdomen may cauſe a conſiderable amount of ſwelling, and various other ſymptoms: for example, by their preſſure, as not unfrequently happens, on the gall-ducts, they may produce jaundice; or, on the ſtomach, nauſea, and a diſturbance of the function of digeſtion, or dyſpepſia; and, frequently, hæmorrhoidal ſwellings, or piles, are cauſed by their preſence. In extreme caſes, numbneſs and ſwelling of the legs, and even paralyſis, have been induced by their preſſure on the nerves of the pelvis. Sometimes, the abdomen is enormouſly diſtended; and I have ſeen ſuch patients, who have had the appearance of advanced degrees of dropſy, and who have been pronounced to be laboring under organic diſeaſe, and tumors of various kinds. I remember the caſe of a patient who, when brought into the Hoſpital, was ſuppoſed to be affected with organic diſeaſe of the abdomen, and had been treated for ſuch for ſome time, in whom the abdomen had been diſtended for ſix or eight weeks, to a very great degree, inſomuch that the cartilages of the lower ribs were turned out, and yet all this tumor vaniſhed, after a purgation of ſome days, and was produced ſolely by a vaſt accumulation of fæculent matter. Neglected conſtipation will lead to local irritation, and, as a reſult, you may have diarrhœa ſet up, from the irritation of the parts, and increaſed ſecretion reſults. Dyſentery even may enſue, and inflammation of the colon, attended with pains of various kinds; neuralgia and ſevere griping pains of the bowels, accompanied with colic, and a ſpaſmodic contraction, ending in deep-ſeated enteritis, and cholera. Theſe are the local effects. Organic changes, too, may ariſe; and, in addition, a cachectic ſtate of the whole ſyſtem, a low febrile ſtate, from the bad influence of the accumulated fæces on the nervous ſyſtem.

The *predispoſing cauſes* you may deduce from what I have already ſaid, as to the pathological characters of conſtipation. Sedentary habits, eſpecially when combined with various enervating influences, greatly promote constipation. This occurs very often among females who are much confined within doors, and who are in the habit of using but little exercise. It is sometimes excited by attacks of hysteria, and, as I said before, by bad or defective diet. Particular kinds of waters, those abounding in iron and calcareous matters, greatly aid in producing constipation. All the different causes that produce general weakness may cause costiveness. Excessive action of purgatives, and neglect of the bowels, will often produce it. But, perhaps, one of the most frequent causes, which it is important to remember, is inattention to the calls of nature, or want of regularity in the evacuation of the bowels. It is a process that ought always to be considered as conducive to health, and should be set apart to be done at a regular time in the day, quite as much so as the eating of any given meal.

Now, with regard to *the treatment*. The first indication of the common form of constipation, where there is an accumulation of fæces, is to unload the bowels; and to fulfil this, purgatives and injections are the chief means. The best purgatives, for this purpose, are the mixed purgatives, those which exercise an action on the whole canal; for, although costiveness often proceeds from the defect of one part of the canal, the torpor ultimately extends to the whole; and it is not a safe practice to administer too strong a purgative of one kind, to act on one part of the canal only. The effect of giving a large dose of aloes, or a large dose of colocynth alone, is to irritate one part of the canal, and leave the liver unaffected, and thus, perhaps, convert constipation into inflammation. For this reason, it is highly advantageous to combine the different purgatives together; and if there is already much pain and irritation produced by the constipation, we should combine with purgatives those medicines which deaden the sensibility, and prevent spasm. For this reason, the combination of calomel, colocynth, rhubarb, and henbane, answers well. If these are not sufficient, great advantage will result from the addition of occasional doses of castor oil, or else of salts and senna, in the form of a black draught. I cannot dwell too strongly on the virtues of castor oil, in cases of prolonged constipation. If given in large doses, it does not irritate as other medicines; yet it acts more thoroughly; it penetrates, and, in some degree, has the mechanical power of insinuating itself into the crevices and curvatures of the intestines, and thus dislodging the accumulated masses, where calomel and other medicines had failed to act. Mercury, though it acts more especially on the liver, and stimulates the secretion of bile, is accompanied with a great deal of griping pain, and is not, by itself, so effective in unloading the bowels. Where the accumulation is very considerable, it is desirable to facilitate the action of the bowels, by copious injections of oil or soap and water. Remember, that these accumulations of fæculent matter, sometimes, consist of a hard and compact mass—so hard, that purgatives, which merely stimulate the canal to contraction, produce very little effect upon it. Injections of castor oil, with a little turpentine, or of olive and linseed oil, mixed up with gruel, are useful: of this one, two, three or four pints may be thrown up. The use of turpentine is indicated where there is a tympanitic distention of the abdomen. Rue and assafœtida injections are also useful in such cases. After the fæces have been dissolved, the bowels pass into an irritable state, and there is often a considerable amount of pain. It frequently happens that, after the great accumulation has been removed, the tongue is more furred, the pulse more excited, and the system more deranged. In this state of things, mercurial purgatives, combined with opium, or mercury and Dover's powder, followed by small doses of castor oil, or else rhubarb, or some other mild aperient, may be given, for several days afterwards, with great advantage. If the opium irritates, instead of giving Dover's powder, conium may be employed as a substitute; moderate doses of conium and mild aperients may be given until the bowels are brought into regular action. Where there is a tendency to low inflammatory affections, such as gastritic dyspepsia, which often occurs in costive habits, the aperient that suits best, will be found to be small doses of castor oil; a teaspoonful, the first thing in the morning, or the last thing at night, acts admirably, and ensures the regular evacuation of the bowels. In some persons, olive oil acts in the same way. Castor oil is extremely valuable in cases of dyspepsia, where stronger purgatives do mischief. Sulphate of potash and sulphur sometimes answer very well.

The diet of persons, disposed to constipation, should be of a plain character, not too much abounding in farinaceous food. Too much bread should be avoided. There is a common error with respect to bread, and many persons will eat it all day long; hence, it becomes a great cause of constipation. It is better to eat it, two or three times a day, in small quantities. A thing you will find of great use—and which is very popular in the sister-kingdon—is oatmeal porridge. It has none of the constipating effects of farinaceous food in general. Fruit is very often taken with a view to counteract costiveness, but I believe its effect has been overrated. The most important part of the treatment of constipation, consists in preventing the accumulation of fæculent matter; and, therefore, the promoting of the proper and natural action of the bowels is far better than any description of diet or medicine that can be given. I must say a few words upon the practice fallen into of late, by a good many individuals, namely: that of confining themselves to the use of injections to promote the action of the bowels. I think this practice is a very injurious one; for, when injections are frequently administered, instead of producing a healthy action in the bowels, they generally tend to bring it into a state of torpor. They mechanically distend the bowels, and thus do mischief. General tonic measures, to improve the health, are sometimes necessary. The application of electricity, or galvanism, has been recommended by some to promote the action of the bowels; it may be useful so far as excitement of the peristaltic action is concerned.—*London Medical Times.*

MEDICAL DEPARTMENT OF THE NATIONAL INSTITUTE.

ANSWER TO THE MEDICAL CIRCULAR OF THE INSTITUTE.

[Communicated by the Department for the Boston Medical and Surgical Journal.]

To the Corresponding Secretary.

Sir,—In reply to a Circular dated 12th ult. from the National Institute, Washington, D. C., containing sundry interrogatories relating to the medical topography, diseases, health and longevity of the county of Fauquier, Va., it gives me much pleasure, as far as lies in my power, to furnish such information as I may possess—in some instances directly, in others indirectly, and in others still, negatively—some of the questions not in any way embracing the information sought relating to the medical statistics of this region of country.

1. *What the Medical Topography, and whether any extensive sources of Malaria.* *A.*—The upper two thirds of this county, lying S. E. of the Blue Ridge, is elevated, undulating, partly mountainous and quite fertile, though not remarkable for its fertility. The lower one third is principally flat and marshy, or very gently undulating, and much less fertile than the upper. The whole county, especially the upper two thirds, is well watered with running streams—the lower is subject to more inundation during the spring and summer freshets. The general slope of the surface to tide water, however, does not admit of so long a detention of the water, as with vegetable decomposition would create malaria sufficiently abundant or concentrated to produce the evils elsewhere resulting from this cause, to the inhabitants. Epidemics of any kind are therefore seldom known, if at all—even an endemic from malaria is not often known. Sporadic cases of bilious remittent and continued fevers are sometimes met with during the latter weeks of summer, autumn and winter, in the vicinity of mill-dams, whose beds have been left dry by the droughts of summer. They are produced, too, as some think, by exposure to night air or heavy rains, or other causes not chargeable to the neighborhood at large. These cases confine themselves to one or two families. Cases of a typhoid character, and complicated with affections of the great viscera, either of the abdomen, thorax, or head, or their membranes, are met with, endemically. These varieties are determined as the season is warm and damp, cold or changeable. They are never ascribed to malaria, but simply to alterations of temperature and season. They require topical depletion, counter-irritants, mercurials blended with opiates, and generally yield to this treatment.

We never see chronic enlargements of the liver, spleen, or pancreas. The night air of this region during the summer months, when compared with other districts of the United States, is remarkably dry, but after rains or a continuance of cloudy weather it acts as above stated, in the opinion of old and observant inhabitants, as an excitant and disturber of the human economy. We consider that the latter part of the spring, the summer months, and the beginning of autumn, are the most healthy periods of the year; the latter autumn, winter and early spring, but especially winter, as most fruitful in disease; pleurisies, rheumatism, quinsies, catarrhal affections, influenza and inflammations of the joints, as most prevalent; towards the close of summer, diarrhœa and dysentery.

The fevers most frequently seen during the cool or cold months are those of the synochus type. Their duration is from three to eight weeks; they are manageable with ordinary care and treatment, and in general the per centage of mortality is very small. We are subject, as other communities, to complaints of atmospheric or contagious communication, occurring endemically, as hooping cough, mumps, scarlet fever, measles, &c. The smallpox has not been seen for many years, except in two instances; the first confluent, imported from New York, resulting in death; the second mild distinct, ending in recovery.

The cholera did not visit us. We have occasionally cholera morbus during cool, damp seasons with alternations of hot sun—the vegetable growth is observed to be more fibrous and less pulpy.

As we have no extensive sources of malaria, we may reasonably infer that the diseases of this region cannot be ascribed to this cause, except to a very partial extent, if at all. On the other hand, this region is considered so abundant in healthy influences, that the watering place, six miles from Warrenton, as indeed the whole surrounding country, is resorted to by crowds from almost every State in the Union.

This county is sufficiently fertile and salubrious to support a large white and black population of all ages, from infancy to extreme old age, and furnish a surplus, without being so abundant in vegetable matter as to injure health or prevent longevity. The face of the country generally is bold, picturesque and undulating; belts of sand, red and light clay, alternate throughout. The surface rock is quartz, sand-stone and trap, the decomposition of which last gives color and tenacity to the clay. The water is clear, cool and abundant. The most or all of the grasses and grains, with proper care and husbandry, grow with luxuriance, yielding an ample supply to man and beast.

2. *What the Effect of Agriculture, felling and clearing Forests, Drainage, &c.?* *A.*—So many years have elapsed since the opening of this county, that it has afforded no means of seeing the effect of these latter influences, as in a new country, either upon the climate, health, or character of disease. The effect of agriculture is probably more manifest. The staple of tobacco being substituted by the grasses and grains, by which the productive capabilities of the county have improved, it now, after one third of a century, begins to wear a more pastoral and agricultural aspect, which may in part account not only for the change in the physical but in the moral condition of the inhabitants, as well as the change in the type of disease. The inhabitants generally are stout-limbed aud able-bodied, of ruddy complexion, and wear the expression of high health and vigor; their habits are active, energetic and laborious; they are independent, high-minded and intelligent. Among the better classes the higher branches of learning are cultivated—few in the middle are without the lesser advantages of education, and the lower classes are better informed in the elements than the same class in many of the other States. Their mode of subsistence is plain, mixed and sub-

stantial. The consumption of alcoholic drinks has been declining for a number of years past, and there has been a sensible improvement in the conduct, habits, intellectual and moral condition of every class. This change may be ascribed in great part if not entirely to an advance in the arts of agriculture, and greater variety and abundance in the products of the soil.

3. There are no manufactories in this county.

4. *What Epidemics and Endemics have occurred?* *A.*—In 1815 a fever of very high grade, rapid and fatal in its character, prevailed as an epidemic. The functions of the brain were overwhelmed, as I learn. In 1831 and 2, the influenza—in 1833, the scarlet fever—both epidemic and very fatal—both highly inflammatory, requiring active general and local depletion and evacuant remedies, emetic and cathartic. In 1836, in the summer, dysentery—not fatal. In autumn, 1839, typhus gravior and mitior—again in 1842 in the winter, with pneumonia, true and bastard, and again in 1843, following measles in most instances, but in some genuine typhus occurring endemically and confined entirely to the blacks, very fatal when badly accommodated.

5. *What the Character of the Fevers, Cause, most successful Treatment, &c.?* *A.*—The first part of this question is replied to in other answers. We have no reason to believe any of our fevers are the offspring of contagion, but that they arise from exposure to rapid alternations of heat, cold and moisture, being generally of the typhoid, typhus, bilious remittent, and never of the intermittent type. The best remedies are general and topical depletion, with the use of mercurials in full or divided doses, *pro re nata*—effervescing, laxative and cathartic remedies—vesicatories, followed in time by tonic and strengthening means—ventilation, cold applications, mucilaginous drinks, &c. &c.

Autopsies are very rarely practised, in consequence of popular opposition, and too often the neglect of the practitioner.

6. *What Change in the Type of Disease in a Series of Years?* *A.*—It is a common remark among physicians and others, that the attacks of disease for the last thirty or forty years have not been so violent and inflammatory. This observation I do not think is without exceptions, however, for as the summers are hot and dry or cool and damp, or the autumns cold and changeable, or the winters mild or severe, protracted or changeable, the violence and character of disease is changed and the forces of the economy altered. As, for example, one season we see the diseases incident to the season and this region complicated with those of the abdominal organs; another, those of the thoracic; and another, those of the cerebral, and frequently highly inflammatory.

7. *What the Average of Human Life, Increase, Proportion and Causes?* *A.*—The average of life in this region of country is believed to be higher than in many other parts of the State, or United States, for comparatively few children die, and there are many persons who reach the three score and ten years allotted to man. The latter parts of this question are not answerable from any data possessed by us.

8. *What the relative Degree of Health and Longevity of the*

Whites and Blacks, &c.? *A.*—The general health of the negro is better than the white man's, probably from his leading a more active life, and using fewer luxuries, and being free from the cares and anxieties of life. He is better treated than formerly. There more instances of longevity among the black than white population. Both colors here are very prolific, the negro the most so. The mortality is in favor of the latter class. We have no means of accurately knowing the proportions of deaths to whole numbers, or to births.

9. *What the Relative Degree of Health, Longevity, Increase, &c., of Slaves and free Blacks?* *A.*—There are so few free *blacks* among us that they do not furnish material for observation, and these few are so nearly allied to the white race as to partake very largely of its habitudes. This intermixture is very common indeed among the slave population. It is therefore very difficult, if not impossible, to point out critically any difference in these classes, in their liability to epidemic or any other diseases. It is the opinion of many that the mixed race has not the stamina of constitution of either, nor the capacity to resist either climate or disease, but is, in intellectual faculties, superior to the negro. In a given number of each, the instances of longevity would be greater among the slaves.

We have no means of ascertaining the relative increase of these classes.

10. We have no registers of marriages, births and deaths, and therefore cannot satisfactorily reply.

11. *Cases of Longevity, the Occupation, Habits, &c.* *A.*—We have no instance *now* of great longevity, in my knowledge. Within five or ten years past all have died, and all save one natives of this or the adjoining counties. The ages ranged from 80 to 105 years. The exception was an Irishman, and the instances were both white and black.

12. We have no inhabitants who live exclusively on milk and vegetable diet, except negro children. Their food is bread and milk generally. They are certainly very healthy—more so than white children who use a more mixed diet. Further we cannot answer satisfactorily.

13. *What the Effect of the Temperance Cause upon Health?* *A.*—The period since the adoption of the pledge has been too short for a positive answer. As far as observed, it has had a most salutary effect upon mind and body, the comfort of families, and the strength and industry of the members. The reformation of confirmed drunkards is wonderful in some instances.

14. *History of Cases, Pathology, new Therapeutic Agents, &c.* *A.*—To the reproach of the profession, the country physician's note book is sadly neglected. I cannot convey any information in regard to new remedies or the revival of old ones, nor can I communicate anything interesting meteorologically. The practice of physic, the principles and remedies necessary for the treatment of the diseases of this region, are so plain and well established, that they admit of but little variety, and furnish very little of novelty.

15. We have no specimens of morbid structure.

I have thus endeavored, in a brief, hasty, and imperfect manner, to evince my respect for the object of the institution, as well as the gentlemen who compose the medical department, by answering the several interrogatories contained in the circular, and shall hereafter communicate any fact, case, or other information likely to be interesting to the cause of science or to themselves. The institution has my most cordial good wishes. Very respectfull yours,

Warrenton, Va., Feb. 23, 1843. F. HORNER, M.D.

NOTE.—The basis of much of the disease of this region of country is unquestionably the strumous diathesis—the manifestations of which have declined in frequency and force of late years, in general, in consequence of the improvement and increased variety of solid comfort, i. e., subsistence, clothing, or accommodation, or all combined, except during seasons peculiarly changeable or inclement, or such as follow upon the heels of such seasons, and partake more of their changeableness than their inclemency. This was the case last year, 1842, which followed several unusually severe winters, and was less inclement than changeable itself. The whole year was very fruitful in glandular affections of many varieties. This diathesis seems to be the offspring, in many families, of hereditary digestive disorders. Phthisis is not very common in this population. The cases which we do meet with are among the scrofulous or their children, or the grandchildren of dyspeptics afflicted for years with hereditary diseases of the digestive organs—and transmitting glandular or pulmonary disease to their children and grandchildren. F. H.

COLON STRANGULATED BY THE MESO-COLON.

By Gilman Davis, M.D., Portland, Me.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 13th Oct., 1843, was called to Anson Robison, Esq., æt. 26, merchant. I found him complaining of violent pain, not constant, but paroxysmal, and referred to the epigastrium. There was no tenderness on pressure over any portion of the abdominal surface, no thirst, and the pulse not accelerated; the bowels constipated, and had been so for some time. The most remarkable symptom was a tonic rigidity of the abdominal muscles. On applying the hand to the abdomen, the muscles were felt to be literally as firm as board, in a perfect tonic spasm, and yielding to no pressure. Colocynth, calomel and hyoscyamus were given internally, conjoined with morphia and repeated injections. After three days the symptoms yielded, but there was pain, and rigidity of the recti and other muscles remaining for several days. The relief began as soon as an evacuation from the bowels was procured.

On the evening of the 5th of May, 1844, I was again called to see Mr. Robison. He had enjoyed moderate health in the interval since I had last attended him, but had been troubled by constipated bowels. During the latter part of the time, he was observed to place his hand frequently during the day, on the hypogastrium, as if in pain, and during the last week had repeatedly said to a member of the family, that he could obtain no evacuation from his bowels. There was a very small discharge, however, two days previous to my visit. I found him complaining of great pain, as in the previous attack, but with much less of the muscular rigidity; the pain, as before, coming on in paroxysms. There was now superadded to the previous symptoms, constant vomiting, the smallest quantity of fluid being instantly rejected, and the effort of vomiting increasing the pain. There was *no* thirst, *no* pain caused by the firmest pressure on the epigastrium or other parts of the abdomen, and the pulse not perceptibly accelerated. His pain he referred to the epigastrium, placing his hand directly below the sternum, and repeatedly said there "was a stoppage there," and that "he should feel better if he could only have an evacuation from his bowels." There was no appearance of hernia. There was a remarkable restlessness and nervous agitation, as much as I ever before saw.

The same medicines were given as before—calomel, colocynth, hyoscyamus, morphia, and injections. Between 11 and 12 o'clock that night, there was a slight alvine evacuation, but it afforded no relief. Hot fomentations with hops enclosed in flannel bags were kept constantly applied. The morphia afforded slight temporary relief. There was no vomiting of fæculent matter at any time.

He remained in this state Monday and Tuesday, during which I visited him four times a day. On Tuesday night, at 11 o'clock, I visited him, and the symptoms had not changed; still no tenderness and no apparent acceleration of the pulse, though I examined carefully and often, and with surprise. It was evident there was some internal strangulation, and that it must end fatally. On Wednesday, at my morning visit, I found a great change—a Hippocratic face, the pain much less, and the pulse between 130 and 140, and so feeble as to yield to the slightest pressure. He was also thirsty now, but the smallest quantity of fluid was rejected generally, though he had swallowed and retained a very little broth. There was extreme restlessness and jactitation, the patient going repeatedly from one room and one bed to another.

He remained in this state till evening; the extremities then became cold, but he lingered till the next day (Thursday) and died at 12 o'clock, noon. For hours before death the limbs were icy cold, and no pulse, and the most incessant restlessness, the poor sufferer rising up in bed with a look of indescribable anguish, and then falling back faint and apparently dying. I remained with him from Wednesday noon through the night, and until his death, with the exception of an hour and a half on Thursday, when I was obliged to leave him.

On the following morning I opened the body. The stomach was empty, with considerable ecchymosis; the gall-bladder fully distended with dark bile; the intestines filled with gas, and a little fluid fæcal matter. In the hypogastrium appeared a large knuckle of intestine, of a deep port-wine color. I removed the whole with great care, and found this knuckle to be composed of thirteen inches of the colon, strangulated in an aperture in the meso-colon, the aperture being about the size of an American quarter of a dollar. From the strangulated part of the colon to its termination in the anus, it measured four feet. I need not add that the portion included in the aperture was in a complete state of mortification. The aperture was round and with even edges, with no appearance that could lead to any reasonable conjecture as to its formation; nor could I learn that the patient had ever had any severe fall or blow upon the abdomen.

I know of no similar case. In the two cases recorded by Sir Astley Cooper of mesenteric and meso-colic hernia, in the last edition of his work on Hernia, the bowel was contained in a sac formed by the intestine protruding itself through one layer of the peritoneum forming the mesentery, separating the two layers, and remaining enclosed between them. In this case the aperture was through the entire thickness of the meso-colon, and through this thirteen inches of the colon had passed and become strangulated.

DENTISTS' EXTRACTING FORCEPS.

[Communicated for the Boston Medical and Surgical Journal.]

The very great amount of disease and pain occasioned by constitutional imperfections of the teeth, and the neglect of appropriate and seasonable attention to them, is a subject always deserving our serious consideration—and especially when we have anything to present which will in some good degree diminish the suffering that is too often occasioned by the maladies to which they are subject, or the mal-treatment which they receive from various sources.

The introduction of suitable forceps for the extraction of teeth, has already diminished the amount of human suffering in these operations to an extent which can only be estimated by those of the profession who have long been familiar with dental surgery, or by patients who have repeatedly experienced the effects of the old and the new mode of operating—have writhed under the grinding fulcrum of the German key and pelican, or have had their teeth crushed by the *ancient*, or even modern, rudely-made pincers; and after this, have been separated from tooth and toothache by the dextrous application of well-constructed forceps.

About twelve years ago I had so far succeeded in improving these instruments by a perfect adaptation of their jaws to the various forms of the teeth, that I found they could be used in all, even the most difficult cases, and with a degree of satisfaction, both to patient and operator, which could not possibly be obtained from the old-fashioned instruments above mentioned.

After a full and fair trial of them, I published an account of the result in your Journal, with a plate illustrating the application and advantages of each instrument, stating at the same time, that by them, the use of the old key, &c., had been entirely superseded in my own operations.

I had full sets of them made, not only for my own use, but to supply many gentlemen of the profession whom I requested to give them a fair trial. The result has been, that they have been used and approved in all parts of our country to which they were soon sent by the artists in Philadelphia (Messrs. Weighan & Snowdon), who had my original patterns.

I have been induced to call the attention of the profession to them at this time, because of circumstances which I shall state in what I have now to add—circumstances which have obliged too many of the profession to resort to the old and more cruel modes of operating in some cases of difficulty, and have caused others to decline a trial of suitable forceps when they have been within their reach.

As soon as a demand for these instruments arose, imitations of them were made by other manufacturers, with little attention to the original design of adapting each instrument to its use by carefully fitting it to the form of those teeth to which it was to be applied; and, therefore, although some improvements were made in the shape and finish of the handles, for the ease and accommodation of the operator, the market has been full of instruments passing as Flagg's Forceps, which bore but a slight resemblance to them, and were better fitted to cut and break teeth in pieces, than to extract them.

Of the artists who have manufactured these instruments of late, no one to my knowledge (and I have taken great pains to be informed), has so closely apprehended and followed out my original design as Mr. Chevalier, of New York. He has lately improved them by a very exact imitation of the original patterns, which I had revised and corrected for this purpose at the request of Mr. T. Metcalf [apothecary, 33 Tremont row], who has shown great zeal and discrimination in providing the best instruments, and all other articles for the use of dentists, which are to be obtained in our country or abroad.

I have used several pairs recently made by Mr. C., and have carefully examined nearly all that he has furnished for Mr. Metcalf, and I have been so fully satisfied with them, that I could not refrain from giving this notice for the information of my professional brethren who are inquiring for such instruments, but are liable to be deceived and disappointed in the purchase of those miserable imitations which I have mentioned.

31 *Winter street, Boston.* J. F. Flagg.

P. S.—Mr. C. exhibited, at the late Mechanics' Fair, in this city, a full set of ten pairs of these forceps, which in form and finish were decidedly superior to any articles of the kind that I have ever seen, either of domestic or foreign production.

HABITS NECESSARY TO THE PHYSICIAN.

There are certain habits pertaining to the character of the exemplary physician, deserving our special notice. These are a habit of industry—the habit of patience—and that of economy of time.

Industry is the primal fountain of all prosperity. The savage is indolent, and he is poor. Civilized man owes his comforts and luxuries, his might and glory, to the ceaseless toil of his intellect and hands. Educing from the hidden resources of nature vast elements of power, the genius of man triumphs over the wants and weakness of his condition, and renders the very powers which threatened his existence contributory to his well being.

In no department of human industry has art displayed a more elaborate array of the means of defence against evil, and of fertile expedients for the accomplishment of good, than in the complex plan of preventing, alleviating, and removing disease.

Destitute of industry—of a well-sustained, systematic exertion of our mental powers, nothing permanently useful can be attained in our profession. Accident, or rash experiment, may hit on some valuable discovery, but of what avail is such a disclosure on the part of nature, if the patient labor of man does not make those applications of the discovery which render it available? The truth or fact discovered by accident or rash experiment, must be lifted up out of the isolation in which it stands, and be made to blend with other truths or facts, and thus become instinct of new related tendencies. Patient toil of mind alone can discern these tendencies, and by giving a wider range of direction to the originaldiscovery indefinitely expand the sphere of its agency.

From the hour when the student takes a medical work in hand, through all the stages of his professional studies and researches, up to his brightest achievements of remedial skill, and along the whole progress of his career, an unremitting, irrepressible exertion of his powers is required.

Patience, as an habitual state of mind, must, with presiding authority, ever accompany the physician. When a student, there is a constant need of patience; when young, in the active duties of the profession, patience is required—and in the busy employments of a large practice, patience must be exercised. Patience of preparation, the student should possess; patience of probation, the young physician must have; and patience of temper, amidst the privations of repose and social enjoyments, and in the exhaustion of his mental and bodily strength, must be the ever-present support of the older practitioner.

Economy of time is another habit of great significancy. Time with noiseless step treads on, and we are borne forward by his resistless march. Life is a state of constant expenditure, and unless vigilant and prompt to seize the moments as they pass, ere long nothing will remain but the painful recollection of wasted days, hopes frustrated, and prospects of usefulness blasted. The regulated distribution of the hours of the day to specific duties has been the foundation of many an eminent man's success. And the annals of medicine do not contain the history of a single individual who has risen to distinction in our profession, who had not dedicated his utmost efforts, and economized his every hour, to the high ends of his professional life.

The aims which should urge on the physician to this incessant labor are, a determination to stand fair in his profession; a desire to become eminent; an urgent wish to advance the science of medicine; and a lively hope of seeing the profession advance in respectability and usefulness.

The young man who commences the study of medicine without a fixed resolute purpose, by diligent study, to become a respectable practitioner, is not worthy of the name of a patriot, christian, or philanthropist. What, to push with intruding haste into the solemn responsible office of acting as guardian of the health of the community, and know nothing of the science of life or of the best means of rectifying its disordered condition. To rush in where an angel might fear to tread, and with blind presumptuous eagerness lay hold on the dearest interests of man. Like Uzzah, with audacious irreverence, place an unhallowed hand upon the ark of God, but unlike Uzzah escape the vengeance of heaven! On this point we must speak out. Duty urges; the state of the profession calls for it; the abounding quackery of the land demands it at our hands. How can a man assume to himself the name of a lover of his country, when through a degraded selfishness he seeks to advance his private interests at the expense of the health and lives of his countrymen? How can he who commences the practice of medicine without proper qualifications, ever appropriate to himself the name of Him "who went about doing good," when the ignorant pretender in physic spends his days in going about doing evil? And, in the name of Infinite Rectitude, how can that man be entitled to the name of philanthropist, who plies the dangerous instruments of life and death in the dark and promiscuously deals destruction on every side?—*Harrison on the Formation of Medical Character.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 11, 1844.

Progress of Surgery in New Hampshire.—From an early period in the history of New England, New Hampshire has been blessed with surgeons of rare qualifications. Although it is proverbial that the Granite State *is a good one to go from*, there is some adhesiveness in the medical profession there, that does not appertain to the other liberal professions. Some of her great lawyers, who now have a reputation as extensive as the boundaries of civilization, were not appreciated at home, and therefore sought among strangers the patronage due their high qualifications. Clergymen, whose talents and acquirements do honor to their native hills, are exerting a moral influence in other parts of the land of incalculable service. Men of great energy of character and an untiring enterprise in mercantile pursuits, hailing from New Hampshire, are on the high road to fortune in almost every city of the Union. But the surgeons, born and bred there, with few exceptions. remain to bless the people with their skill. Dr. Nathan Smith, the founder of the medical institution at Dartmouth College, was a man of extraordinary attainments. Dr. Twitchell, of Keene, one of the most eminent operators at the North, is still in active business. Dr. Mussey, who also gave character to the surgery of New Hampshire, emigrated within a few years to the West, but his mantle seems to have fallen upon Dr. Crosby, of Hanover, who is surely rising to the same proud distinction.

We were led to these reflections by reading a graphic account of a recent operation by Dr. Crosby, extremely difficult, yet successfully accomplished. The present autumn, says the Granite Freeman, published at Concord, more than thirty operations have been performed at Hanover, but no one of them, probably, in point of interest or importance, exceeded one of recent date, of the following description. A lady of Orford, 40 years of age, had from infancy an increasing disease of the face, in the form of an over-growth of the skin, which in loose, clumsy folds, ultimately reached almost to the breast. It involved the ear and eye, which were dragged out of place, to say nothing of an awful facial distortion, hardly rivalled in the annals of human deformity. Formidable as it was, suffice it to say, the patient, after passing through the hands of Dr. Crosby, is now hopefully recovering. We are encouraged to hope more particular reports of this and other cases from Dr. C. himself.

Materials are not wanting, to exemplify, much more extensively, the fact that New Hampshire has always been remarkably favored by learned and skilful surgeons.

Organ of Calculation.—Vermont has furnished two or three boys, within the last twenty five-years, whose sagacity for arithmetical pursuits was of an extraordinary character. The autobiography of the far-famed Zera Colburn is familiar to the public. After having positively astonished the mathematicians, both here and in Europe, with the rapidity, accuracy and mystery with which he conducted the most elaborate arithmetical calculations, all at once, equally to the surprise of himself as well as every body else, he actually lost the faculty of doing wonders in figures. No effort on his part was successful in recovering a power that made his name ring over the world as an eighth wonder.

Another calculating boy, by the name of Safford, now only eight years of age, says the Vermont Journal, has been discovered in Vermont, who will give the product of four figures by four, performing the operation mentally nearly as quick as one can do it with pen and paper. He has also multiplied five places of figures by five, which was the extent of Zera Colburn's power in his best days. He will extract the square and cube roots of numbers extending to nine or ten places, performing the operation quite rapidly in his head. The division of numbers into their factors is a favorite amusement with him. Give him the age of a person, and he will give the number of seconds correctly.

How can the doctrines of the phrenologist be called in question, with such sustaining proofs of their truth, as are presented in this and many other analogous cases ?

American Medical Biography.—At a day too late for an extended notice, a copy of Dr. Williams's new work on American Medical Biography, was received. It is a handsome volume, of generous dimensions, embracing 664 octavo pages. We hope the profession everywhere will avail themselves of this acceptable publication, which embodies the names and attainments of the distinguished professional men of this country. It treats of a subject in which we are all alike interested. Were the personal friends and relatives of the eminent citizens whose lives are portrayed in these fair pages, apprised of the gratification to be derived from Dr. Williams's book, another edition would speedily appear, to meet their demand alone.

Kane's Elements of Chemistry.—Upon the presumption that all the scientific people of the United States have knowledge of the peculiar fitness of Prof. Draper, of the University of New York, to conduct chemical inquiries or analyses, it is only necessary to announce that an edition of Kane's Elements of Chemistry has been issued by the Harpers, with additions, corrections, &c., by that gentleman, expressly designed for our universities, colleges, academies and medical schools. Copies may be found at Messrs. Saxton & Peirce's, Washington street. This, like some other valuable books referred to in to-day's Journal, was not received seasonably enough to have justice done it the present week.

New York Dissector.—Such is the name of a quarterly Journal, devoted "*to Medicine, Surgery, Magnetism, Mesmerism, and the Collateral Sciences, with the Mysteries and Fallacies of the Faculty,*" and under the editorial control of Henry H. Sherwood, M.D. One volume has been finished. No. 4, of the present series, is the only one that has fallen under our cognizance. To say that this publication discovers no talent, would be wronging the gentleman who conducts it. But he certainly misapplies his powers, lamentably, in trying to write up those defunct things which one adventurer after another has exerted himself to attach to the science of medicine, but which are yet as far removed from it as ever.

There is such a process recognized in common life, as making dark, darker. In the article on Proleptical Science, in which the writer evinces ingenuity and a disposition to make certain vital phenomena clearly comprehensible, he has unfortunately driven the reader into the very abysses of mental obscurity. What have algebraical expressions to do with inductive medicine? Look at this and stand aghast, ye simplifyimg reformers of medical fallacies—" $6\,b + 26 =$ *the menstrual period, and its analogogue in hæmorrhoidal and neurotic patients*"!

But we will not find fault unnecessarily, or object to any literary or scientific effort made with an intention ultimately to better the physical condition of poor, over-taxed, over-dosed, over-benefited humanity, by an increasing army of physiological tinkers. Some good may be derived from every such effort, where the heart and intentions are right. The world is large enough for us all—and the fact demands a devout expression of thankfulness from those who have made the discovery.

Fees for Homœopathic Practice.—In the Circuit Court of New York Dr. F. Vanderbergh brought an action against T. E. Beckman, to recover $427 for two professional visits from New York to Hudson, and nine visits from Rhinebeck to Hudson, to attend Miss Elizabeth Beckman, ill with consumption, who died in Dec. 1842. "Dr. V.'s treatment was of the homœopathic description, and it is contended, in defence to the charge, that such is a species of quackery, and unskilful; also that the charge is too high. In relation to the homœopathic treatment, several eminent physicians, viz., Drs. Buel, Frasy, Manly, Stevens, Greenough, Cheesman and Beck, declared their belief that the system is a species of quackery. One of the gentlemen said it was an attempt to cure one disease by creating another of the same kind. Dr. Manly said his opinion of it could be stated in a few words. It is delusion on the part of the public and knavery on the part of the practitioner. These gentlemen stated that they had not examined the theory, as they thought it too absurd to give it attention. On the other hand, Drs. Cook, McVickar, Curtis and Peck stated that they had fully examined the theory, and were decidedly in its favor. Its principle is to treat 'like with like.' That is, to administer heat for a fever, &c., while the allopathic, or old system, was the reverse. It was shown that the young lady whom Dr. V. was called upon to attend was seized with a vomiting of blood. Dr. Cook was her physician, and the services of Dr. V. were requested by her father, knowing that his mode of treatment was on the principle of homœopathy. She was taken afterwards with a second attack of vomiting blood, and Dr. V. again sent for, though he stated to her father from the first, it is said, that he could do her no good. It was remarked by the physicians who gave testimony, that consumption, when once seated, can never be cured, although life may be prolonged by care and medicine. It was shown that Dr. V.'s practice, under the old system, was large."

The court charged that Dr. V. having shown himself a regularly licensed physician, he is entitled to pay for his services, unless it can be shown by defendant that he exhibited ignorance or want of skill. On that point, and also as to the compensation asked for, the Jury must decide from the evidence. Verdict for plaintiff, $325.

Lunatic Asylum of Kentucky.—From a published description of this institution, in the 19th Prison Discipline Report, it certainly seems to require immediate remodelling. In the first place, there is no resident medical superintendent at all. An attending medical man, residing about a mile off, makes an occasional visit. The superintendent is a worthy shoemaker, who makes no pretensions to knowledge in medicine, nor skill in ministering to minds diseased, and probably never thought of laying claim to any peculiar fitness for his office.

The mortality among the patients, according to the report from whence these facts are taken, has been appalling. Out of 841 insane subjects admitted to the Asylum in 17 years, 337 have died—being over 40 per cent. There have sometimes been twenty elopements in a single year.

Surely, the whole matter is disgraceful to Kentucky, and requires a speedy re-organization. Not less than $161,817 19 have been given from the State Treasury in twelve years—and yet it is the poorest and most miserably-managed receptacle for lunatics, if the report of the Society is correct, in the whole Union.

Lexington, the site of the University of Transylvania, which is supplied with well-educated medical practitioners, might surely furnish a medical superintendent. If the compensation is a starving salary, so that nothing but the physical necessities of an individual would induce him to accept the appointment, some philanthropist ought to address the next Legislature and show the true condition of the Asylum. It should be known that the present system of management is disgraceful, and that it is exciting the amazement of the humane in neighboring States. We beseech the representatives at Frankfort to allow the shoemaker to return to his last, and at once select a well-educated physician to reside on the spot. He must be sustained above the fear of want, that he may not be diverted from the all-important business of ministering to the daily comfort of those committed to his charge.

Decomposition of Tinct. Opii by Ammonia.—It is of great importance for prescribers to remember that the addition of ammonia, either as carbonate or spiritus ammon. aromaticus, to mixtures containing tincture of opium or any salt of morphia, will, after some time, say twenty-four hours, precipitate the morphia in a crystalline form; so that if a mixture is made a day or two before it is taken, the patient may get several doses of morphia concentrated in the last portion left in the bottle, and fatal consequences may be produced. The presence of alcohol will prevent the precipitation.—*Chemical Gazette.*

Medical Miscellany.—There was some alarm in regard to the appearance of smallpox, lately, both at Hanover, N. H., and near New Preston, Conn.—The Visiting Physician of the Michigan Penitentiary, located at Jackson, receives of the State seventy-five cents for each visit, and one dollar when he prescribes for two patients.—Yellow fever was raging fearfully, at the last accounts, at Metamoras, Texas. The American Consul and many others had died with it.—From fifteen to twenty cases of smallpox recently occurred among the paupers in the Almshouse in Saratoga Co., N. Y. Two of them only proved fatal.—J. J. Paulding, M.D., will sail from Boston soon, destined for the foreign missionary service in Asia.—There are sixty students at the Botanico-medical Institution, at Cincinnati. Dr. Hill, of the chair of Anatomy, is represented to be an admirable instructer.—A pamphlet has appeared in that city, upon *human magnetism*, by Henry F. Smith.—There is a class of ninety students now attending lectures at Dartmouth College. The school is well sustained.—At Willoughby University, there are now attending the medical lectures, 120 students. The institution is very prosperous, and the faculty, to a man, are exerting themselves to educate their classes in the best manner.—There are nearly nine hundred students attending lectures at the two medical schools in Philadelphia.

Number of deaths in Boston for the week ending Dec. 7, 38—Males, 15; Females, 23. Stillborn, 3. Of consumption, 6—inflammation of the lungs, 1—scarlet fever, 4—cancer, 1—infantile, 4—disease of the bladder, 1—croup, 2—debility, 1—lung fever, 4—typhus fever, 3—erysipelas, 2—hooping cough, 1—scrofula, 1—marasmus, 2—inflammation of the bowels, 1—old age, 3—dropsy on the brain, 1. Under 5 years, 16—between 5 and 20 years, 5—between 20 and 60 years, 11—over 60 years, 6.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

Nov.	Therm.		Barometer.		Wind.
1	from 32	to 56	from 29.55	to 29.60	N W
2	36	57	29.53	29.61	N W
3	32	57	29.49	29.64	S E
4	45	45	29.38	29.41	N E
5	38	46	28.93	29.09	N W
6	36	38	28.89	28.92	W
7	32	55	29.07	29.12	S W
8	45	57	29.01	29.14	W
9	33	58	29.32	29.38	N W
10	29	50	29.54	29.60	S W
11	45	53	29.34	29.38	N E
12	42	47	29.36	29.46	N E
13	42	52	29.10	29.23	S W
14	31	41	29.39	29.48	N W
15	31	48	29.64	29.65	W
16	from 33	to 58	from 29.63	to 29.73	W
17	29	56	29.60	29.76	S E
18	36	48	29.22	29.24	W
19	22	40	29.65	29.69	N W
20	30	39	29.56	29.64	S W
21	30	54	29.64	29.64	E
22	38	43	29.51	29.60	N E
23	42	50	29.06	29.07	N W
24	31	34	29.05	29.06	N W
25	20	24	29.05	29.28	N W
26	12	25	29.48	29.62	S W
27	27	32	29.30	29.52	N W
28	14	18	29.55	29.65	N E
29	21	32	29.41	29.50	N E
30	10	41	29.59	29.63	S E

The month has been favorable, the first half mild and pleasant, the last cold. The first snow fell on the 26th, which was very light. On the 28th about 5 inches of light snow fell, making .48 of an inch of rain. The Thermometer ranged from 10 to 58. The Barometer from 28.89 to 29.76. The amount of rain for the month, 3.06 inches. Sleighs have run considerable on the snow of the 28th.

Ovarian Disease.—Dr. Jeaffreson thus sums up the results of the operation for the extirpation of ovarian tumors, in 74 cases: in 37 cases the tumor was removed, and the patients recovered; in 24 the operation was followed by the death of the patient; of these 24 fatal cases, the tumor was removed in 14, could not be removed on account of adhesions in 6, and was found to be other than ovarian tumor in 4 cases. Thus, again, in 74 cases, in which the operation for extirpation of ovarian tumor had been undertaken, it has been completed in 51 instances, in 14 of which it has been followed by death, and in 37 by the successful removal of the tumors, and by recovery of the patients; whilst, out of the 74 cases selected, it was found impossible to carry out the intentions of the operator in 23; or, in other words, the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. Of these 23 cases, 13 recovered with life, to remain in *statu quo;* 10 died. The cause of failure was, impossibility of removing the tumor, on account of adhesions, in 14 cases; no tumor was found in 3 cases; and the tumor proved to be other than ovarian in 6 instances. —*London Medical Times.*

Extirpation of the Uterus for complete Inversion.—M. Velpeau has recently extirpated the uterus in a case of inversion, the result of labor, which had existed four years, and threatened the life of the woman through the continued hæmorrhage which it occasioned. After bringing down the uterus by means of double hooks (erignes), ligatures were passed through the base of the tumor which it formed, and it was then excised. From the account given of the operation, it is rather difficult to understand how the ligatures were applied. In another case in which M. Velpeau operated, three months ago, it appears that the base of the tumor was traversed with two ligatures, and they were then tied circularly. Owing, however, to the gradual retraction and ascension of the divided surfaces, the ligatures slipped off. In this case, therefore, it is stated, that the ligatures were placed from one side to the other, and united in front, so as to approximate the divided surfaces, as in the operation for hare-lip. The patient died of peritonitis a few days after the operation.

M. Velpeau has operated by excision on a woman, who recovered. He has lost another patient by hæmorrhage, and has met with three cases of complete inversion; he has, therefore, seen six cases in all.—*Gazette des Hopitaux.*

Poisoning by Arsenic.—M. Grimaud, a chemist at Poictiers, has proposed a mode of rendering poisoning by arsenic more difficult. He recommends that this article shall be sold only when mixed with a certain quantity of sulphate of iron and cyanure of potash. About one per cent. of each substance would, he alleges, be sufficient. The arsenic, thus qualified, shows itself either by color or smell, when used in the various aliments fit for man. Thus, arsenic prepared in this way, and thrown into warm meat soup, gives immediately a green bronze color; into hot milk, an opal; into red wine, a violet; into bread, a deep blue; and so on for twenty mixtures, on which M. Grimaud has made experiments.—*Galignani's Messenger.*